ATTACHMENT H Consultant Disclosure Form A

	CONSTRUCTOR	102101-0110
osc	Use	Only:

Reporting Code: (U6

Category Code:

Date Contract Approved:

FORM A OMHO) - CM 100199AA - 3650631

State Consultant Services - Contractor's Planned Employment From Contract Start Date Through The End Of The Contract Term

State Agency Name: NYS Office of Mental Health Contractor Name: Staff Care, Inc. - E. Nierva

Agency Code: 3650000 Contract Number: OMH01-

CM100199AA-3650631

Contract Start Date: 2/1/2018

Contract End Date: 9/4/2023

Employment Category ¹	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
29-1066-00	1	11520	\$2,845,266.67
	9		
			<u> </u>
Total this page		0	
Grand Total		1 11,520	\$2,845,266.67

Name of person who prepared this report: Jessicca McDonald

Title: Contract Management Specialist Trainee

Phone #: (518) 549-5224

Preparer's Signature:

Date Prepared: 2/23/2018

(Use additional pages, if necessary)

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^{1. (}Note: Access the O*NET database, which is available through the US Department of Labor's Employment and Training Administration, on-line at <u>online.onetcenter.org</u> to find a list of occupations.)